



Client No. <b>2036</b>		Client Name <b>D. H. Materials</b>				Location <b>1002 Oswego, ST. ALICA, N.Y.</b>		Date <b>5/23/81</b>							
Facility Equipment	Detex Clock <b>1-</b>	Weapon No.	Holster	Nightstick	Raincoat <b>1-</b>	Flashlight <b>1-</b>	Other <b>3 Keys + Log Book</b>								
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Kenneth Fialix</b>			Officer—Swing Shift (Name) <b>R. Deady</b>			Officer—Grave Shift (Name) <b>Joseph Churatto</b>						
Shift			Shift			Shift			Shift						
Began <b>8:00 AM</b>			Ended <b>4:00 PM</b>			Began <b>4:00 AM</b>			Ended <b>12:00 PM</b>						
Observations or actions taken			Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation				
Rounds or stations missed				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Unlocked doors, gates or windows				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Unlocked vaults or safes				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Fire-smoke-or hazards				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
1. Extinguishers missing or defective				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
2. Sprinkler system defective				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
3. Fire doors or exits blocked				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
4. Rubbish accumulation				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
5. Motors running				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
6. Lights left burning				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>as required</b>		<input checked="" type="checkbox"/>	<b>As Req.</b>					
Injury hazards				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Visitors				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Trespassing				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Violation of company rules				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Remarks															
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>															
1. Were you injured during this tour?		Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.		
Yes		<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?		Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	<input checked="" type="checkbox"/>	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Signatures		1.	<b>Kenneth Fialix</b>			1.	<b>R. Deady</b>			1.	<b>Joseph Churatto</b>				
Signatures		2.				2.				2.					
Signatures		3.				3.				3.					

439165

